American Brachytherapy Society

12100 Sunset Hills Road, Suite 130, Reston, VA 20190 ● 703-234-4078 ● 703-435-4390 (fax)

2012 MEMBERSHIP RENEWAL APPLICATION

***Name**:* ______________________________ ____________________________ ____ _______
(Last) (First) (MI) (Degree)

***Date of Birth**:* ____/____/____ Male☐ Female☐

***Contact Information**:* Home☐ Office☐
Institution/Dept: ____

Street: ____

City: __________________________________ State: _______________________________

Country: _______________________________ E-mail: ______________________________

Phone: _________________________________ Fax: ________________________________

***Membership Type**:*

Regular – Active ($225) ☐	Physician ☐ Medical Physicist ☐	Board Certified Yes☐ No☐	Date of Certification: ____ /____ /_______
Associate ($125) ☐	Dosimetrist ☐ Nurse ☐ Technologist ☐		
First Year Post Residency ($110) ☐	Membership time frame is valid for 1 year post-residency		
Resident ($0) ☐	Date of Residency: ____ /____ /_______ to ____ /____ /_______ Institution: ____________________________________ City: ____ State: _____________ Zip: ________________		
Commercial ($500) ☐	Phone: ____________________ Ext: ________ (Note: Applicant will be contacted for Commercial Membership, please list contact name in space provided above)		

Benefits**:* A subscription to *Brachytherapy*, the official journal of the ABS - ***NOW, 6 issues per year
A bi-annual newsletter
Access to the ABS members-only site
Discounts to all ABS educational events
Networking opportunities with leading brachytherapy practitioners
CME, CAMPEP and MDCB credits for **ABS** educational events

***Dues**:* ☐ I have included my dues payment of $______. Check #: _______
☐ Please charge my credit card:
☐ American Express ☐ Visa ☐ Mastercard

Card #: ____________________________________ Expiry: _____/_______

Signature (Credit card authorization): ____

Date: ____/____/____

For ABS Office Use Only

I support the above referenced applicant for membership into this society.

______________________________ ______________________________

Juanita M.Crook, MD
President, 2011-2012

Peter Orio, MD
Chair, Membership Committee, 2011-2012